

Facility Name Change

A facility may request a change in name at any time. To request a change in name please submit a request on facility letterhead with the following information:

- Former name of facility
- Current Address of facility
- New Name of facility
- Effective Date for the change in name

The request should be submitted to:

Program Director-Provider Services
Indiana State Department of Health
Division of Long Term Care, Section 4-B
2 N Meridian St
Indianapolis, IN 46204
Telephone: 317-233-7794
Fax: 317-233-7322